

Ministry of Long-Term Care

Long-Term Care Operations Division
Long-Term Care Inspections Branch

London District

130 Dufferin Avenue, 4th Floor
London, ON, N6A 5R2
Telephone: (800) 663-3775

Public Report

Report Issue Date: December 4, 2025

Inspection Number: 2025-1181-0004

Inspection Type:

Proactive Compliance Inspection

Licensee: Extendicare (Canada) Inc.

Long Term Care Home and City: Brierwood Gardens, Brantford

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 25, 27, 2025 and December 1, 2, 3, 4, 2025

The inspection occurred offsite on the following date(s): November 26, 28, 2025

The following intake(s) were inspected:

- Intake: #00161523 -

Customized Proactive Compliance Inspection (PCI)

The following **Inspection Protocols** were used during this inspection:

Food, Nutrition and Hydration
Infection Prevention and Control
Recreational and Social Activities

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INSPECTION RESULTS

WRITTEN NOTIFICATION: Accommodation Services

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: FLTCA, 2021, s. 19 (2) (a)

Accommodation services

s. 19 (2) Every licensee of a long-term care home shall ensure that,
(a) the home, furnishings and equipment are kept clean and sanitary;

A resident's floor was not kept clean as there was a mark from high foot traffic at the entrance and in the middle of the room, the remainder of the floor had a dark film and black scuffs on it.

Environmental Services Manager (ESM) #117 stated the resident's floor needed to be stripped and waxed and the home did not currently have the equipment to do this. ESM #117 stated they had just tested a machine in the home and had submitted a quote to the Administrator for approval.

Sources: Observation of a resident's room and an interview with Environmental Services Manager #117.

WRITTEN NOTIFICATION: Plan of Care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 29 (4) (a)

Plan of care

s. 29 (4) The licensee shall ensure that a registered dietitian who is a member of the

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staff of the home,

(a) completes a nutritional assessment for all residents on admission and whenever there is a significant change in a resident's health condition; and

A resident had a significant change in health status. A referral to the Registered Dietitian was not placed at the time therefore, a nutritional assessment was not completed as required.

Sources: Resident's clinical records and interview with staff.

WRITTEN NOTIFICATION: General Requirements for Programs

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 34 (1) 4.

General requirements

s. 34 (1) Every licensee of a long-term care home shall ensure that the following is complied with in respect of each of the organized programs required under sections 11 to 20 of the Act and each of the interdisciplinary programs required under section 53 of this Regulation:

4. The licensee shall keep a written record relating to each evaluation under paragraph 3 that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

The 2024 annual evaluation of the recreation and social activities program did not include the date that changes were implemented.

Sources: Review of the home's 2024 Recreation and Social Activities Quality Program Evaluation; and an interview with the Recreation Manager.

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WRITTEN NOTIFICATION: Infection Prevention and Control (IPAC)

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

Section 9.1 (f) of the Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes revised September 2023, states the licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum, Additional Precautions shall include additional Personal Protective Equipment (PPE) requirements including appropriate selection, application, removal and disposal.

A staff member was observed with a resident in the resident's room. The resident was under additional precautions and the staff member was not wearing appropriate PPE.

Sources: Observations of a resident; review of the resident's clinical record; and interviews with a staff member, Registered Practical Nurse #105, and the IPAC Manager.